

CIRCUIT COURT FORMS REVIEW
REQUEST
RECORDS MANAGEMENT COMMITTEE

Date Requested: _____

- New Form (create)**
- Existing Form (modification)**
- Withdraw Existing Form**

Contact Information	
Requestor's Name: _____	
<input type="checkbox"/> Court (County: _____)	<input type="checkbox"/> Private Attorney
<input type="checkbox"/> Other: _____	
Address: _____	
Phone Number: _____	Email Address: _____

Form Number: _____ Current Revision Date: _____

Form Title: _____

Statute Reference(s): _____

Reason for Request: _____

Proposed Language: _____

- If known: Other forms affected: _____
- CCAP implications: _____
- Procedures implications: _____

Please email this form to: forms@wicourts.gov.
Mail to: Office of Court Operations
110 E. Main Street, Suite 410
Madison, WI 53703